

ADULT CARDIAC CHEST PAIN

UNIVERSAL ALGORITHM

- Identify and treat reversible causes
- Establish vascular access
- Obtain 12-lead ECG early

Early notification of the SRC with a “STEMI Alert” with a 12-lead ECG reading of *Acute MI Suspected*****
Consider establishing second IV with NS Lock

**BP < 100 SYSTOLIC
with signs of poor perfusion**

- **Aspirin 162 mg**
- (non-enteric coated) tablets chewed and swallowed

BASE PHYSICIAN ORDER ONLY

- Additional administration of **Morphine**
- Administration of **topical Nitroglycerin may be considered after initial dose(s) of SL Nitroglycerin**
- **Dopamine 5-20 mcg/kg/minute** for persistent hypotension
- **Fluid Bolus 500 ml NS**

**BP > 100 SYSTOLIC
with signs of adequate perfusion**

- **Nitroglycerin** –0.4 mg SL tablets or spray, may repeat every 5 min,
- **Titrate to pain, BP and other signs of perfusion**
- **Do not administer nitroglycerin** if BP drops < 100 systolic or in the presence of other signs/symptoms of hemodynamic instability

- **Aspirin 162 mg** (non-enteric coated) tablets chewed and swallowed

- **Morphine 2-10 mg** slow IVP titrated to pain improvement

Note: Consider Base Physician consult for A-fib with RVR prior to administration of NTG

Policy Reference No. 607

San Luis Obispo County EMS Agency ALS Treatment Protocols [Rev. 11/1/10]